

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35368

FILED OCT 25 1943

Registration District No. 240

Primary Registration District No. 4357

State File No.

Registrar's No. 89

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Marston
(c) Name of hospital or institution: No
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANK HAUBOLD

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife L. E. Haubold 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Oct 27 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 10 If less than one day hr. min.

9. Birthplace DELLVILLE (City, town, or county) I. H. I. (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

12. Name W. HAUBOLD
13. Birthplace unk (City, town, or county) unk (State or foreign country)
14. Maiden name unk
15. Birthplace unk (City, town, or county) unk (State or foreign country)

16. (a) Informant Mrs. L. E. Haubold
(b) Address Marston, Mo.
17. (a) Marston (Burial, cremation, or removal) (b) Date thereof Sept 9, 43 (Month) (Day) (Year)

(c) Place: burial or cremation Marston
18. (a) Signature of funeral director Richardson and Co
(b) Address New Madrid, Mo
19. (a) 10-1-43 (Date received local registrar) (b) Mo. J. E. Farrell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Marston 072
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 1943
year 1943 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from Aug 5 1943 to Sept 7 1943
that I last saw him alive on Sept 7 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hem. Duration

Due to...
Due to...
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations...
Of autopsy...
PHYSICIAN

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 83a
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury U
23. Signature Edward M. Popp (M. D. or other)
Address Marston Mo Date signed 9-30-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1043-1359

Date Filed 1020-73

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

Leo Hedgimeth

Licensed Embalmer No.

3883

P. O. Address

New Madrid

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1102

Registration District No.

240

Primary Registration District No.

4357

Registrar's No.

89

1. PLACE OF DEATH:

- (a) County New Madrid
(b) City or town Marston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAMEFrank Harold3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if
alive

7. Birth date of deceased Oct 27
(Month) (Day) (Year)8. AGE: Years 80 Months 10 Days 10 min.
If less than one day9. Birthplace Ill
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address N. Madrid, MO.
19. (a) (b) Mr. J. L. Parker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan year 1943 hour 10 minute 15 M.
21. I hereby certify that I attended the deceased from 1943 to 1943,
that I last saw him alive on Jan 10, 1943,
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

Signature (M. D. or other)
Address Date signed

35368